| Effective ( ) ber 1, 2000  |   | ·<br>·                        | <u>/ 09/937550</u>     |                     |                        |  |
|--|---|-------------------------------|------------------------|---------------------|------------------------|--|
|  | S F(LLJ - PART I<br>(Column 1) (Colu        | SMALL<br>mn 2) TYPE           | ENTITY OF              | OTHER<br>SMALL      |                        |  |
| TOTAL CLAIMS   |   | RATE                          | FEE                    | RATE                | FEE                    |  |
| FOR  | NUMBER FILED NUME                           | BER EXTRA BASIC F             | EE OF                  | BASIC FEE           | 860                    |  |
| TOTAL CHARGEABLE CLAIMS  | ② / minus 20=                               | / X\$ 9=                      | OF                     | X\$18=              | 18                     |  |
| INDEPENDENT CLAIMS   | / minus 3 =                                 | X40=                          | OR                     | X80=                |                        |  |
| MULTIPLE DEPENDENT CLAIM F   | RESENT                                      | +135=                         | OR                     | +270=               |                        |  |
| * If the difference in column 1 is   | less than zero, enter "0" in-               | column 2 TOTAL                | <del></del>            |                     | 878                    |  |
| Golumn 1)  | AMENDED - PART II<br>(Column 2)             | (Colump 3) SMAL               | LENTITY OR             | OTHER<br>SMALL I    |                        |  |
| CLAIMS REMAINING AFTER AMENDMENT   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT RATE                  | ADDI-<br>TIONAL<br>FEE | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| Total AFTER AMENDMENT  Total Independent I | Minus 2/                                    | = X\$ 9=                      | OR                     | X\$18=              | 1                      |  |
| Independent · /  | Minus · /                                   | = X40=                        | OR                     | X80=                | T                      |  |
| FIRST PRESENTATION OF M  | ULTIPLE DEPENDENT CLAIM                     | +135=                         | OR                     | +270=               |                        |  |
|  | · · · · · · · · · · · · · · · · · · ·       | TOTA<br>ADDIT: FE             | L OR                   | TOTAL<br>ADDIT. FEE | ) .                    |  |
| (Column 1)   | (Column 2)                                  | (Column 3)                    |                        |                     |                        |  |
| CLAIMS REMAINING AFTER AMENDMENT   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT RATE                  | ADDI-<br>TIONAL<br>FEE | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| Total •  | Minus ••                                    | = X\$ 9=                      | OR                     | X\$18=              |                        |  |
| AFTER AMENDMENT  Total  Independent  | Minus ***                                   | = X40=                        | OR                     | X80=                |                        |  |
| FIRST PRESENTATION OF M  | ULTIPLE DEPENDENT CLAIM                     | +135=                         | OR                     | +270=               |                        |  |
|  |   | TOTA                          |                        | TOTAL<br>ADDIT. FEE |                        |  |
| (Column 1)   | (Column 2)                                  | ADDIT. FE                     | E <del>(</del>         | AUDIT. FEEL         |                        |  |
| CLAIMS REMAINING AFTER AMENDMENT   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT RATE                  | ADDI-<br>TIONAL<br>FEE | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| Total .  | Minus **                                    | = X\$ 9=                      | OR                     | X\$18=              |                        |  |
| AFTER AMENDMENT  Total Independent   | Minus •••                                   | = X40=                        | OR                     | X80=                |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                               |                        | +270=               | <del></del>            |  |
| * If the entry in column 1 is less than the  |   |                               | OR                     | TOTAL               |                        |  |
| "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE ADDIT. FEE ADDIT. FEE  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.   |   |                               |                        |                     |                        |  |
| THE THYTHESE NUMBER PREVIOUSTY PA  | u roi (Total of Independent) is the         | raduast uminat ionio iu fue s | hhiohuara por in co    | WINT I.             |                        |  |

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Palent and Trademark Office, U.S. DEPARTMENT OF COMMERC